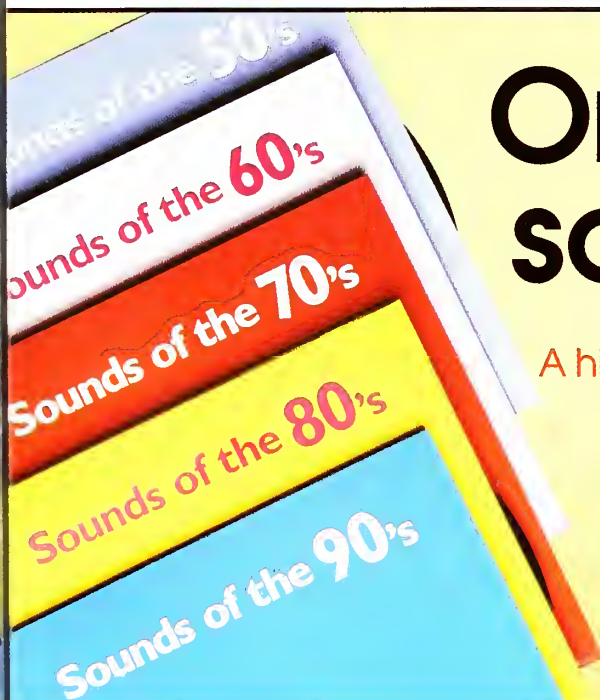


# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE  
GUIDE TO OTC MEDICINES



## Original sounds

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31 August 1996

## RPM – pharmacy responds to OFT

## Avon LPC on warpath over budget restrictions

## MCA seizes melatonin from Morpeth supplier

## Christmas crackers: seasonal gifts for '96

## Caldwell steps into editorial hot seat



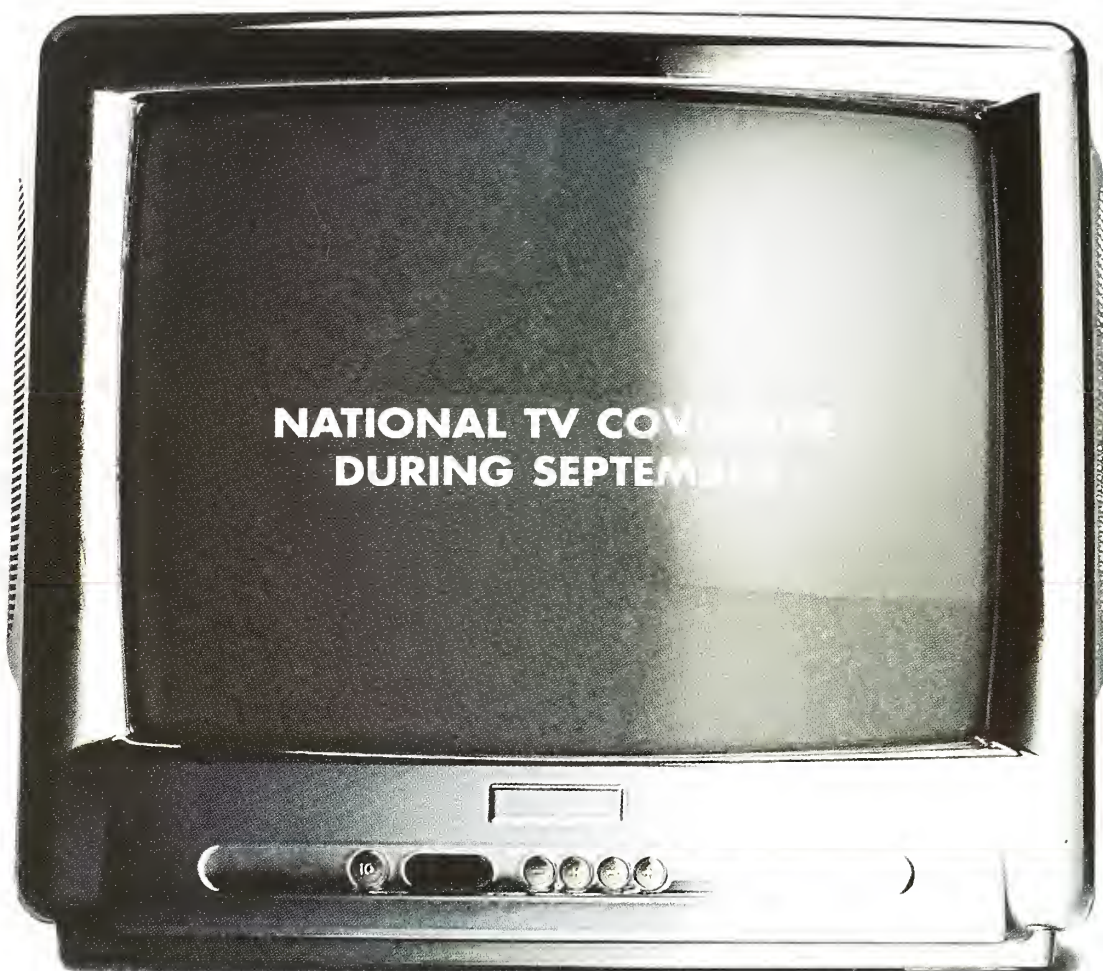
## Making compliance pay the US way

## Moss working on needs of staff and customers

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# NUROFEN

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CROOKES HEALTHCARE

\*Source: AGB Superpanel £MAT Mar 96



**H**ow many LPCs are facing difficulty with local budgets? Avon LPC is not the first to be faced with a health authority which has run out of money and, as a consequence, has restricted applications to provide services to residential and nursing homes, and cut back on rota services. The latter is a soft target, since it can frequently be argued that Sunday opening and longer hours, especially by supermarket pharmacies, mean the demand for 'out of hours' services is being adequately met by alternative means. But restricting applications to provide pharmacy services to homes amounts to rationing, pure and simple.

Alaster Rutherford, Avon LPC secretary, rightly lambasts the Department of Health for fixing budgets based on a historical spend. Well over a year ago, PSNC predicted the consequences of such an approach and set its face against any further devolution of the global sum for negotiation at local level. Residential care is a growth business, reflecting the increasing elderly population and the emptying of long-stay hospital beds. The 19 per cent increase in residential homes in Avon between 1993/94 and 1995/96 reflects a national picture. And since services to homes have not been remunerated until relatively recently, it is inevitable that uptake among contractors is still increasing as more complete the requisite training to qualify for payment.

Mr Rutherford argues for a budget set on a capitation basis reflecting needs, surely a sensible approach? Using historical spend (especially if it is effectively capped) is a ludicrous way of determining share of the global sum. There is an important lesson here, when oxygen services come to be dealt with locally. A winter of discontent is predicted, and that is before any news of the pay settlement for 1996/97!

## CHEMIST & DRUGGIST

**Editor** Patrick Grice, MRPharmS  
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**Group Sales Director** Ian Gerrard

**Publisher** Ron Salmon, FRPharmS

**Publishing Director** Roger Murphy

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THE NEWSWEEKLY FOR PHARMACY

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ACTION GROUP

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# CPAG responds to OFT

Personal bankruptcy for pharmacists is one of the many possible outcomes of the removal of Resale Price Maintenance, according to the Community Pharmacists' Action Group.

In a document responding to the Office of Fair Trading's consultation paper (C&D August 3, p115), the CPAG says: "The relative stability of pharmacy numbers in recent years should not be taken as an indicator that pharmacy is a sound, profitable business."

In response to the OFT's assertion that "chemist numbers are not now declining, and have been increasing or stable since 1980", the CPAG says: "In 1970, the court found that the removal of RPM would be likely to lead to larger numbers of pharmacies going out of business more quickly than would otherwise be the case."

"There are powerful exit barriers facing many owners of small pharmacy businesses. They will have been required to give personal guarantees to creditors and lessors of the business premises, and closure may mean personal bankruptcy. Many independently-owned pharmacies today may be unable to survive any further reduction of income."

The OFT consultation paper looked at whether the 1970 judgment allowing RPM on medicines was still valid. The CPAG response refers to over the counter products only, and not with those parts of the 1970 exemption or the OFT paper con-

cerning ethical. The Group is responding to the OFT's eight points of possible change.

"The OFT has failed to make a case for challenging RPM on non-prescription medicines," says CPAG chairman David Sharpe. "We have considered the OFT's document carefully and responded comprehensively. We believe that the case for RPM on OTC medicines is stronger than ever."

The CPAG argues that the OFT's review of RPM is to determine whether there has been "material change in the relevant circumstances since 1970". "Material

**We believe the case for RPM on OTC medicines is stronger than ever**

change' has been explained previously as "a change in an essential part of the reasoning by which the court had reached its previous conclusion".

For OTC medicines, material change must be one "that weakens substantially the grounds for the decision that RPM on OTC medicines is in the public interest", says CPAG. "Our analysis is that, far from weakening the grounds, such changes as are identified serve to reinforce the 'relevant circumstances' which led to the court's decision."

The CPAG queries the OFT's

belief that the continuing increase in the proportion of outlets owned by chains suggests that they are now regarded as profitable or potentially profitable takeover targets. The Group believes that most of the pharmacies vulnerable to the removal of RPM are independently-owned and would not be of interest to the large multiples, which have tended to purchase small chains of pharmacies.

Money available for disbursement to independent pharmacies, after staff costs, is now about 4 per cent, says CPAG. This compares to the 10-12 per cent net profit cited in the 1970 judgment.

CPAG also believes that if discounting begins in the GSL sector, then the P products will have to follow or lose market share. The multiples would also respond by discounting both P and GSL lines to retain market share.

"All large retailers would use selective and seasonal discounting of popular lines in order to change shopping habits," says CPAG. "It is this change of shopping habits that has devastated independent grocery and other specialist local retailing in favour of supermarkets, that presents the greatest danger for the future of community pharmacy."

Although OFT research indicates that 60 per cent of respondents said that their visits to a chemist would be unchanged if supermarket prices dropped, some 36 per cent would change their shopping habits. CPAG

believes that this means the 11-25 per cent of pharmacies predicted to close could be an underestimate.

Loss of RPM and a subsequent reduction in pharmacy numbers would also require a change in commercial strategy, says CPAG. Instead of supplying a wide range of OTC products meeting a variety of needs "manufacturers and wholesalers would concentrate on major brands". This would leave the smaller pharmacy retailer unable to compete.

"The loss of market share in cosmetics, toiletries and baby care from pharmacies to the multiple supermarkets and department stores is one of the principal reasons for the increased reliance of pharmacies on price maintained OTC products," argues the CPAG. It cites the Deloitte Touche report it commissioned (C&D July 20, p76), which says that in 1970, 35-50 per cent of pharmacy turnover due to non-pharmaceutical products has fallen to between 10.1 and 27.8 per cent (excluding Boots).

NHS dispensing has also seen a "dramatic decline in gross profit" since 1970, says the Group. In 1970, gross profit derived this way was about 26 per cent. This is now 16 per cent for the average contractor. "Although NHS dispensing has increased over that period, the overall evidence is that the net effect of these changes has been a reduction in profitability, particularly in independent chemists since 1970."

## Diabetes costs NHS £2 billion annually

Diabetes costs the NHS about £2 billion annually, accounting for 8 per cent of hospital expenditure, claims a new report on non-insulin dependent diabetes, commissioned by the British Diabetic Association. According to the King's Fund Policy Institute Report, a major rethink on health spending priorities is required. Researchers say huge savings could be made and better patient care achieved through early investment in preventative health monitoring for those with diabetes.

'Counting the cost: the real impact of non-insulin dependent diabetes' is available at a cost of \$10 (plus \$0.50 p&p) from the BDA. Freefone 0800 585088.

## MCA raids Pharma-Nord over melatonin

The Medicines Control Agency has ordered the seizure of all melatonin products from Pharma-Nord.

The Morpeth, Northumberland, company was raided last Wednesday and four enforcement officers searched the premises for the product. Pharma-Nord's managing director, Bent Henriksen, believes the agents took about 1,000 packets of the product away with them.

Pharma-Nord has challenged the MCA's ruling that melatonin is a drug, and filed a court application against the decision on June 26 (C&D June 29, p904). The company believes that the substance is a harmless antioxi-

dant and should be freely allowed for sale as a food supplement, as happens in other countries, including the US.

"A judicial review is pending and for the Agency to act on seizure, as though melatonin was a harmful narcotic, snacks of a heavy-handed approach," comments Mr Henriksen. He admits that the company had continued distributing the product until last Wednesday's raid.

The company's solicitor, Kenneth Hunt, adds: "My firm has been in weekly correspondence with the Agency, and it has produced no medical or scientific research to support its recent change of classification."

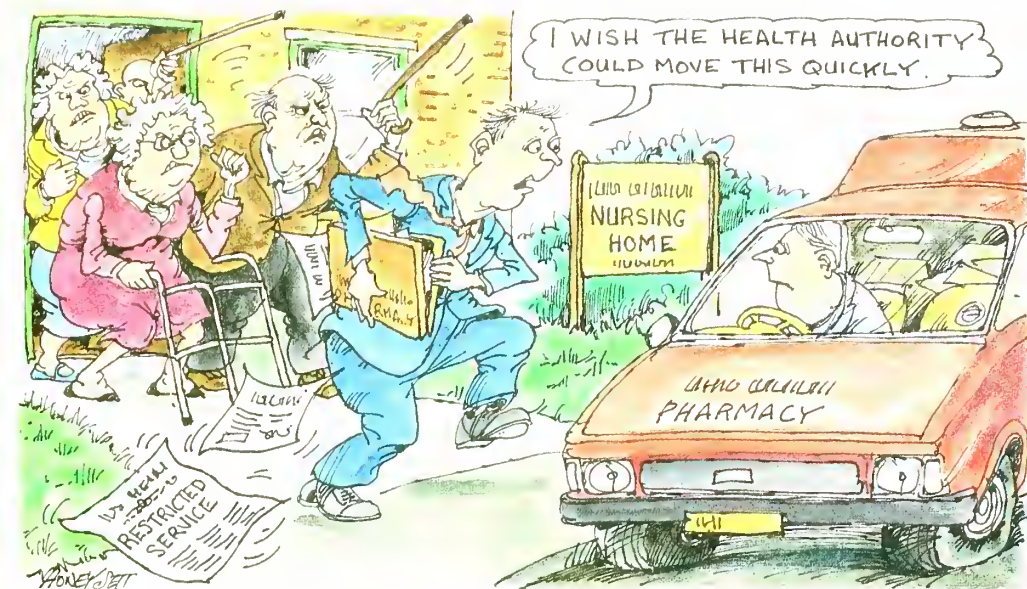
An MCA spokesman con-

firmed that documentation and melatonin were seized from Pharma-Nord. He said that it is the manufacturers, and not the MCA, that have to produce evidence of safety for the licensing of a drug.

The MCA ruled that the substance is a medicinal product in November, 1994. The Agency's spokesman added that Pharma-Nord was warned that if it continued to supply melatonin, seizure of the product may take place.

● *Martindale* describes melatonin as a hormone produced in the pineal gland. The substance has been reported to alleviate jet-lag and may have a role in treating sleeping disorders.





## Avon LPC criticises local budget system

Avon Local Pharmaceutical Committee is criticising the Department of Health for insisting that local budgets be fixed on historical spend.

Instead, LPC secretary Alaster Rutherford would like money allocated for pharmaceutical services to nursing and residential homes based on a capitation system.

The call comes as Avon Health Authority announces a series of moves to limit applications for providing pharmaceutical services to the homes. The proposals come into effect on September 1.

Avon HA is proposing that new applications for providing a service to homes with four or less beds will not be accepted, nor will new applications from contractors presently servicing five or more homes.

Contractors with dual registered homes will receive only one payment, paid at the nursing home rate for the total number of beds.

"We have had an increase of 19 per cent in the number of homes, but no increase in money," says Mr Rutherford. "As it stands, we can never go forward if our historical spend will determine our share of the global sum." He adds that the money given to local government for local negotiation should have been 'ring-fenced' at least for one year to identify it for pharmaceutical services.

Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, says: "I will not accept that money is unavailable from the health authority. If they whinge and mean that there is

not sufficient money, they should go to their unitary authority."

The DoH has made provision with unitary authorities for local negotiation to occur. Mr Axon adds that the local budgeting across the country has varied from an overspend of 90 per cent to underspending.

Avon Health Authority pharmaceutical adviser, Ros Grant, says that the money is devolved from the global sum, but there is no provision made for annual growth in local pharmacy services. "As a health authority, we are responsible for making every effort to stay in the budget. We do not have extra resource allocations like London, but we have all the same problems." She adds that the HA will be raising the issue with DoH shortly.

## Into the hot seat

We are privileged this week to introduce for the first time a 'guest editor' to *C&D* in the person of Ian Caldwell, president of the Royal Pharmaceutical Society. Given a free hand to choose topics and commission authors (and share an editor's frustrations), Mr Caldwell has produced some thought-provoking articles from eminent thinkers looking at the fundamentals of remuneration and how others perceive pharmacists. The guest editor's pages are pp292-294.

## C&D's Internet latest

Community pharmacists can now access the latest list of NHS special containers and calendar packs on the Internet. The list, from the PSNC's National Prescription Research Centre, is on *C&D*'s dotpharmacy site and will be updated regularly by the Centre. Other additions are Pharmacy Update modules and questionnaires, Quarterly Business Trends and PAGB market data. The site is at: <http://www.dotpharmacy.co.uk> or go to the news pages by adding [psncmain.htm](http://psncmain.htm).

## NPA joins the Internet

The NPA is on the Internet from September 1. The home page is at <http://www.npa.co.uk>. It gives information on membership and services, and carries the NPA directory and a number of information leaflets. E-mail is on [npa@cix.compulink.co.uk](mailto:npa@cix.compulink.co.uk).

## C&D business survey

*C&D*'s Quarterly Business Trends survey is published in association with AAH Pharmaceuticals. A production error last week meant the company logo was omitted. Our apologies.



## Migraine Week

Pharmacists are being encouraged to participate in this year's Migraine Action Week, September 9-15. The British Migraine Association is providing a pharmacy information pack. A migraine helpline (01543 492192) will operate in September and October. The information pack is available from: 227-229 Chiswick High Road, London W4 2DW.

## Steroid reminder

Pharmacists are reminded that, from September 1, anabolic and androgenic steroids will be controlled under Schedule 4 of the Misuse of Drugs Act 1971.

## Final MCA exam

The Royal Pharmaceutical Society's third and final examination for 'experienced' pharmacy assistants takes place on November 11.

Applications to sit the exam should be made in writing to Room 309, RPSGB, 1 Lambeth High Street, London SE1 7JN. They should state the names of the assistant and the supervising pharmacist, and the name and address of the pharmacy at which the assistants are working. The closing date is October 7.

Assistants who narrowly failed the May, 1996, exam will be automatically re-registered. Those who failed by a wide margin have been advised to undertake an approved training course. Exam papers will be despatched on November 11 and should be returned, along with a fee of \$10 per candidate. The results of the exam will be despatched by January 3, 1997.

## New GSL moves from MCA

The Medicines Control Agency is proposing to make four additions to the GSL Order.

In the consultation letter MLX 227, August 21, the Agency is seeking views on proposals to allow certain substances to be made GSL provided conditions are met. The proposals, if accepted, come into effect by January 31, 1997.

The conditions for the products to be sold as GSL medicines are:

- Sodium picosulphate – if contraindicated for children under ten years, it has a maximum strength of 5mg/5ml, it has a maximum single dose and daily dose of 15mg, and the pack contains no more than 60ml of sodium picosulphate solution
- Dequalinium chloride – if indicated to treat minor infections of the mouth and throat, if it has a maximum dose of 0.25mg and a

maximum daily dose of 2mg

- Liquid paracetamol preparations for adults and children aged 12 years and above – with a maximum strength of 500mg/20ml (2.5 per cent) and a maximum pack size of 160ml

- Paediatric paracetamol liquid preparation – if it has a maximum strength of 120mg/5ml (2.4 per cent), a maximum dose of 180mg, a maximum daily dose of 1,920mg and it is presented in packs containing no more than 20 sachets, each of which is no more than 5ml
- Combined paracetamol and methionine (co-methamol) – with the same pack restrictions in the Sale or Supply Regulations similar to that of paracetamol.

Comments to Dugan Cummings, Room 1109a, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ, by October 2.

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Topical antifungal cream containing 1% clotrimazole. **Use:** Broad-spectrum antifungal cream for the treatment of athlete's foot and other fungal infections such as dhotie itch, intertrigo, fungal nappy rash and ringworm. **Contra-indications:** hypersensitivity to any of the ingredients. **Precautions:** Do not use in or near eyes. Not recommended for use in

pregnancy and lactation. **Dosage:** Apply to the affected area thinly and evenly 2-3 times daily. **Side-effects:** Rarely, mild, transient burning or irritation after applying the cream. **Packaging quantities:** 20g tube. **P** (in box) **RSP:** £2.99. **PL:** 10622/0004. **Licence Holder:** Dominion Pharma Ltd., Haslemere, Surrey GU27 1JL. **Manufactured by:** Laleham Healthcare Ltd., Alton, Hants GU34 2QR.  **CROOKES HEALTHCARE**



## OTC medicines: all you need to know

The ninth edition of *Chemist & Druggist's Guide to OTC Medicines* for pharmacists and their assistants is delivered with this issue; it contains a new section on OTC medicines indicated for irritable bowel syndrome.

The *Guide* includes all P or GSL licensed allopathic, homeopathic and herbal medicines, and is the only comprehensive listing. Each of the 39 therapeutic categories or chapters contains a general introduction and appropriate 'remember boxes'.

The *Guide to OTC Medicines* is recommended reading for medicine counter assistants using C&D's Cambridge Counterpart course. Further copies are available to subscribers for \$7.50, a reduction of \$2.50 on the cover price. Cheques should be made payable to 'Miller Freeman Professional' and sent to: Jan Powis, C&D, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

## Shutting up shop ...

The Sunday rota service offered by the five pharmacies in the Ely area of Cardiff is to cease from September.

Bro Taf Health Authority says it is being axed due to lack of demand.

People who live in the area will now have to travel to the outskirts of the city, where there is a supermarket with a pharmacy.

Gwyn Williams of the Caerlan Lane Pharmacy, although admitting that demand has dropped off, thinks the rota provides a better service than supermarkets. But the move has had the backing of the largest surgery in the district.

## Seven-day service

The mayor of Wandsworth, councillor Diana Whittingham, has officially opened a seven day a week, 9.00am to midnight service at the Battersea Park Road, London, flagship of the Curran Pharmacy Group.

The initiative would go a long way to helping improve the availability of care support services in the borough, she said. Ajay Walia, director of Curran, stressed that the role of the pharmacist in primary care was a key one and he was proud that his company would be able to prove the value of these extended services.

The mayor was presented with Curran's 'Contract with the Community', in which the Pharmacy Group spells out its commitments to customers.

## Let the politicians sort it out!

I find it ironic that in the same week that the residents of a Worcester housing estate are celebrating the success of a 35-year campaign for the opening of a local community pharmacy, a patients' action group in Gnosall, Staffordshire, is planning to go to the European Court in an attempt to stop the opening of a pharmacy in their village.

To anyone involved in medical/pharmaceutical politics the reasons for this apparent contradiction are obvious, but to an outsider it must be mystifying.

The Department of Health is reported as pushing to have the Clothier 'loophole' clarified by a judicial review (C&D August 24, p240), but to me this is passing the buck. The DoH should inform parliament that regulations governing the granting of pharmaceutical contracts are now unworkable and that it is for parliament, not the courts, to sort out the mess!

## A habit demanding perfection

The new FP10 is producing its expected batch of problems, but, in the main, the new format is making customers pause and think before filling in the back. However, I have noticed a rise in elderly people who either do not fill it in or, what is more dangerous, tick that they are the patient and then sign the bottom.

I think the increase in this habit is owing to the new complexity of the form, but if no exemption box is ticked, then the Prescription Pricing Authority will assume that charges have been paid and deduct from my remuneration accordingly! At £5.50 per item that is a substantial and unjustified subsidy to the Treasury, but the DoH assumes that I am 100 per cent perfect.

Pharmacists have little

# Topical Reflections



choice other than to collect this tax, but it rubs salt into the wound to realise that not only do I collect it for free, but that if any mistake occurs, it is I who pays. My only recourse is to thoroughly check each form as it is submitted, a time-consuming process that perhaps the Pharmaceutical Services Negotiating Committee should now add to that growing list of items for eventual payment by an administration publicly committed to the application of natural justice!

## Who's been pulling strings?

With the sale of APS by Rhone-Poulenc Rorer to Teva Pharmaceutical, the supply dam for co-amiflurase has suddenly burst and its price

has plummeted. I can only assume that my previous suspicions of tight market control must have been true because suddenly the maximum discount of 12 per cent on Fru-Co as the only generic 'brand' has changed to a market price free fall.

Eventually, the Tariff will reflect this sudden change, but who has been benefiting during the many years of artificially high prices for co-amiflurase? Certainly not the NHS. It might be claimed that the profits have all been accounted for within the Pharmaceutical Price Regulation Scheme, but I wonder whether Government negotiators should now be looking for a backdated rebate on behalf of the taxpayer?

## EPoS is my Chemex target

I always look forward to my annual visit to Chemex, because this show is the shop window of community pharmacy, as well as the ideal time to meet new friends and renew old acquaintances. This year the show returns to Olympia and promises to be bigger and better than ever.

I am still sitting on the EPoS fence and am always fascinated by new developments in pharmacy computer software, so these stands will be my priority. But Doty is interested in the more mundane problems of pharmacy management, like buying new lines, seeking new markets and improving profit margins.

I suspect our paths may diverge during the show but, despite her accusing me of living in an electric cloud-cuckoo-land, between us we make a good team and are both looking forward to another successful show.



## Lariam carries new warnings

Roche has revised the data sheet for its antimalarial, Lariam (mefloquine), in line with recommendations from the Committee on Safety of Medicines.

The main changes are to the contra-indications, side-effects and adverse drug reactions, and the aim is to clarify the safety profile of the drug.

A history of psychiatric disturbances and convulsions now encompasses depression, and the data sheet recommends

avoiding the prescribing of Lariam prophylactically in such patients, "as it may precipitate these conditions".

The data sheet also points out that side-effects were experienced by 22 per cent of travellers in a large study, and that adverse reactions may persist for several weeks because of the drug's long half-life. Patients should also be advised to obtain medical advice if any neuropsychiatric or other symptoms of concern develop.

Uncommon adverse reactions are divided into psychiatric and neurological, and there is a warning that both disabling and prolonged reactions have been reported. Rare adverse reactions now include AV-block and encephalopathy.

Further changes to the data sheet are expected later this year to bring it in line with the UK Malaria Consensus Group's 1995 recommendations and with the international data sheet.

### MEDICAL MATTERS

## Measles linked to Crohn's disease?

Exposure to measles before birth is a major risk factor for the development of Crohn's disease in later life, reports *The Lancet*.

Swedish researchers examined the records of 25,000 deliveries at University Hospital Uppsala. Four women were discovered to have had measles infection during pregnancy and of these, three had children who developed Crohn's disease in later life.

In each case, the disease was preceded by recurrent antibiotic-resistant pneumonia. There is no evidence to suggest that it was caused by a measles virus, but the authors suggest that the pneumonia triggered a response to persistent measles infection, previously established *in utero*, leading to Crohn's disease. Such early exposure appears to incur a risk of extensive aggressive disease.

## Prostate size influences drug management of BPH

Prostate size should be taken into account when deciding on the choice of drug treatment for the management of benign prostatic hyperplasia (BPH), according to a consultant urologist at St George's Hospital, London.

Larger prostates are more likely to respond to 5-alpha reductase inhibitors, such as finasteride, while alpha-1 adrenoceptor blockers, such as terazosin, are more suited to patients with smaller prostate enlargement.

Roger Kirby's comments came in response to the results of the Veterans Administration Co-operative Study published in last week's *New England Journal of Medicine*.

The controversial study found that finasteride was no more

effective than placebo and only produced improvements in men with larger prostates.

In contrast, the alpha-1 adrenergic antagonist terazosin produced significant improvements in both symptom scores and peak urinary flow regardless of prostate volume. Combination therapy with the two drugs, a common regimen, was no more effective than terazosin alone.

Mr Kirby says the efficacy of finasteride should be taken in context. Current studies have shown a strong positive correlation between prostate volume and finasteride, and the considerably smaller prostate volumes of men entered into the VA study may explain these conflicting findings.

## Norvir for AIDS

Abbott Laboratories has joined the fight against AIDS with Norvir, which has just received its European licence.

Norvir (ritonavir) is a protease inhibitor indicated for use in combination with antiretroviral analogues for the treatment of HIV-1 infected adult patients with advanced or progressive immunodeficiency. The dose is 600mg twice daily.

Ritonavir is available as 100mg capsules (four bottles of 84 capsules, basic NHS price \$377.39) or 80mg/ml oral solution (five bottles of 90ml, \$403.20). Packs constitute one month's supply.

Clinical trials show ritonavir decreases the risk of disease progression and mortality in patients with HIV and AIDS, and has substantial antiviral activity.

Orders are being handled by Abbott's customer services department on 01795 580303.

**Abbott Laboratories Ltd. Tel: 01628 773355.**

## Medix integrated

Nebuliser manufacturer Medix is to be integrated into Clement Clarke, maker of peak flow meters, and is moving operations to Harlow, Essex, over the next three months. From September 23, accounts, customer orders and enquiries will be handled by Clement Clarke, but service and repairs will continue to be handled at Catthorpe until the end of October. From November 1, all enquiries should be to Clement Clarke at Harlow.

**Clement Clarke. Tel: 01279 414969.**

## Benoxyl to Panoxyl

Stiefel Laboratories has consolidated its benzoyl peroxide range under the Panoxyl brand name. Benoxyl 5 cream is now known as Panoxyl Cream 5 and comes in a new livery flagged 'formerly known as Benoxyl 5 cream'. Otherwise the product is unchanged. Panoxyl Cream 5 can be dispensed against scripts for Benoxyl cream and will be reimbursed by the Prescription Pricing Authority. Benoxyl Lotions 5 and 10 per cent will be rationalised later this year. **Stiefel Laboratories (UK) Ltd. Tel: 01628 524966.**

## Cytotec packs

Cytotec tablets are now available in 60s to replace the 56-tablet packs. The NHS price is £11.14. **Searle. Tel: 01494 521124.**

## Beta-blockers in heart failure management

Beta-blockers, long-established in the treatment of myocardial ischaemia, may have now found a place in the management of heart failure, according to a paper presented at this year's Congress of the European Society of Cardiology.

In patients with heart failure, the force of heart contraction, and consequently cardiac output, usually decreases with increasing heart rate, especially if the heart rate is above 90/minute or 100/minute.

Beta-blockers are thought to help in heart failure by decreasing heart rate through anti-

adrenergic or antisympathomimetic effects and increasing the force of contraction through their bradycardic action.

The anti-adrenergic effects of beta-blockers protect the heart from detrimental noradrenaline effects by decreasing noradrenaline plasma levels. Although elevated plasma noradrenaline is known to decrease cardiac function, the exact mechanism is not fully understood.

The paper concludes that the addition of beta-blocking agents in addition to diuretics, digitalis and ACE inhibitors prolongs life in heart failure and increases

cardiac output.

● Abciximab, a monoclonal antibody which inhibits platelet aggregation and thrombosis, may have a role in minimising the risk of balloon angioplasty in patients with unstable refractory angina pectoris. The drug was found to reduce death and myocardial infarction by 10.5 per cent at six months (against 8.7 per cent with placebo) and reduce the need for bypass surgery by 7.1 per cent (5.4 per cent with placebo). The trial was stopped early because major significant benefits were apparent at the interim analysis.



contains  
alverine  
citrate

Relaxyl

Since the launch of Relaxyl\*, the first dedicated OTC treatment for IBS pain, people are now seeking advice at their pharmacy about this distressing condition. Because IBS is a complex condition, the role of the pharmacist is key. As a result, Relaxyl\* is becoming a classic pharmacy only brand.

Relaxyl is well tolerated and can be recommended with confidence. However, because IBS sufferers present different symptoms with varying degrees of severity, it is recommended that the application of a simple protocol, such as 2Wham is employed.

### When Relaxyl\* is requested by name.

Relaxyl is widely advertised, so it is very likely that a customer will come in to pharmacy asking for the brand by name.

It should be established if the product is intended for the customer's own use and if he or she has used it before. If it is a first time purchase of Relaxyl, and the customer has been diagnosed by a GP as suffering from IBS, Relaxyl can be supplied. Relaxyl is not recommended for children under 12.

### Non-diagnosed customers.

If the customer has not been diagnosed, Relaxyl can be supplied if the customer has recurrent pain in the lower abdomen and at least one of the following: abdominal distention, diarrhoea and/or constipation - as long as the symptoms are not drug induced. However, if symptoms persist after a course of treatment, the customer should be referred to a GP.

Further guidelines for the sale of Relaxyl in pharmacy are available from your local Whitehall Representative.

### RELAXYL\* in pharmacy: Dedicated to the relief of painful IBS

\*Trade Mark



**PRODUCT INFORMATION RELAXYL.** Presentation: Buff /green hard gelatin capsule for oral administration. Each capsule contains 18mg alverine citrate. **Uses:** Relaxyl is indicated for the relief of smooth muscle spasm of the gastro-intestinal tract in irritable bowel syndrome. **Dosage:** Adults, the elderly and children 12 years and over: 1 or 2 capsules, one to three times daily. Not recommended for children under 12 years of age. **Contraindications:** Cases of paralytic ileus or hypersensitivity to

any of the ingredients. **Interactions:** None. **Special Warnings:** If symptoms persist or worsen, consult your doctor. **Side effects:** Possible side effects may include nausea, headache, dizziness, itching, rash and allergic reaction. **Effect on ability to drive and use machines:** None. **Incompatibilities:** None. **Use during pregnancy and lactation:** No teratogenic effects have been reported, but caution should be exercised during the first trimester of pregnancy. **Overdosage:** Hypotension and atropine like toxic

effects. **Pharmaceutical precautions:** Store in a dry place below 25°C. **Legal category:** Pharmacy. **Package quantities and prices (ex VAT):** 18 capsules, £3.70. **Product Licence No:** PL0322/0072. **Date of Preparation:** July 1996. **Shelf life:** 3 years. **Product Licence Holder:** Norgine Ltd., Moorhall Road, Harefield, Middlesex, UB9 6NS. **Distributor:** Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire, SL6 0PH.





# COUNTERpoints

## Retail push for Efalex capsules

Zyma Healthcare is promoting its recent launch of Efalex with a £300,000 press and PR campaign from October.

The spend will be used to promote Efalex as "a revolutionary supplement to help maintain eye and brain function". There will be a series of press advertisements highlighting the role of essential fatty acids.

Efalex (56-capsule pack, £7.99 and 240-capsule pack, £24.95) contains the EFAs docosahexaenoic acid, eicosapentaenoic acid, gamma-linolenic acid and arachidonic acid.

The campaign will target parents of dyslexic children.

POS material is available from Zyma and additional customer support from the Efaform Information Line on 01483 570248.

**Zyma Healthcare.**  
Tel: 01306 742800.

## Toofy smiles for everyone ...

Dental Health Products has taken over the marketing of Toofy Pegs and Permasoft products from Douglas Bridge Associates. All orders for these products should be sent to the company's distributor: Farillon,

Ashton Road, Romford, Essex RM3 8UE. The pricing structure will remain the same and both products will be featured at Chemex '96 on stand L6.

**Farillon Ltd.**  
Tel: 01708 379000.

## An offer of Solace for sun lovers

Solace Gel by Ferno is a new product formulated to soothe and cool sunburnt skin.

Suitable for all skin types, the light gel is designed to absorb easily into the skin to help relieve pain and discomfort.

It is sterilised and water based, and works by lowering the skin temperature. It also contains melaleuca, which is known for its antibacterial and analgesic qualities.

The gel is pack-

aged in a convenient 100ml tube and will retail at \$5 per tube, (excluding VAT).

**Ferno (UK)**



**Ltd.**  
Tel: 01274 601121.

## Sleep easy with Nightcalm

Following the recent launch of Entrocalm Replace, Galpharm International is launching Nightcalm 20s (diphenhydramine hydrochloride 25mg), a Pharmacy only medicine, formulated to help induce sleep.

Galpharm Nightcalm 20s retail at £2.09.

Galpharm International's

marketing director, Jim Gardner, comments, "This category has seen rapid growth over the past few years and it's time to support the independent pharmacist by offering better value for the consumer and an enhanced margin for the pharmacist."

As part of this support, every pharmacist will receive a

postcard offering them the opportunity to buy at a price showing a 50 per cent POR margin. For orders over \$45 pharmacists will also receive a \$5 Marks & Spencer voucher. Entrocalm



Replace will also be part of this offer. **Galpharm International Ltd.** Tel: 01226 779911.

## Walk a little easier with Compeed Hydro Cure System

Coloplast is supporting the launch of its new Compeed Hydro Cure System plasters with a promotion to the pharmacy trade.

The Compeed Intropack is designed to give pharmacists a chance to 'trial' the new range of 'moist healing' plasters.

The Intropack costs \$53.57 - a 10 per cent discount on the normal

trade price of \$59.52. It comprises: cuts and grazes (four packs each of medium and large), blisters (four and six packs of small and medium), corns (five packs), heel cracks (four packs) and callouses (four packs).

Pharmacists can order Compeed Intropacks while stocks last, quote the Intropack order code (071800) or contact

Strategic Partners on 01622 662596 to arrange a visit from a representative. For every order, the company will be giving away a free Compeed counter carousel stand (for the new-style consumer packs) and a supply of POS material.

For information call Coloplast's Free Linkline on 0800 592938.

**Coloplast Ltd.**  
Tel: 01733 392000.

## Nurofen Plus targets TV

A TV advertising campaign for Nurofen Plus will break on September 2.

The 30-second commercial reveals how the ingredients in Nurofen Plus work to tackle pain and bring fast relief. The strapline is 'For powerful pain relief there is an advanced dual action formula that helps you get to pain before pain gets to you. Nurofen + codeine = dual action relief'.

Nurofen Plus was the most successful new product to be launched in the OTC market in 1995. It accounted for over a quarter of industry investment in this sector (MEAL, 12 months to June 1995), say Crookes.

The brand will continue to receive heavyweight advertising support throughout 1996.

**Crookes Healthcare Ltd.**  
Tel: 0115 9539922.

## ON TV NEXT WEEK

**Anadin:** All areas

**Andrews:** All areas

**Canesten Combi:** All areas

**Centrum:** All areas

**Just for Men:** All areas

**Nivea Visage:** All areas

**Nurofen Plus:** All areas

**Nyctol:** All areas

**Oil of Ulay:** G,C

**Oxy Sensitive:** All areas

**Pantene:** All areas, except GMTV

**Rennie:** All areas

**Rimmel:** All areas except U

**Sensodyne toothpaste:** All areas, including satellite

**Settlers Mint & Fruit range:** All areas, including satellite

**The Wrigley Company/Sugar Free Brands:** All areas

**Vagisil Creme:** GTV, STV

**Veracur Gel Kit:** CTV

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry



# Sweet Talk No. 1

*Hermesetas, the clear brand leader in the table top sweetener market, is planning to pull further ahead of the opposition with a range relaunch and the introduction of an exciting new product*

The sweetener market, having experienced a steady growth over the past five years, is now worth over £58 million and currently one in five of the adult population use a sweetener on a regular basis. Hermesetas, as brand leader, is pulling further ahead of the competition in the UK sweetener market, with 31 per cent volume brand share. All sweetener products – traditional saccharin tablets, new generation tablets and granulateds – have increased during this period, but most prominent are granulated products which are driving market growth.

Granulated sweeteners are the latest-growing sector of the expanding sweetener market and are now worth over £19m, with many more granulateds introducing a new 'sprinkle' cap, such as Hermesetas Granulated Gold, which enables easier use of the product.



Hermesetas has introduced stylish new packaging across its range

sweeteners with a £1.2m advertising spend. Hermesetas' stylish new packaging sees the introduction of a stronger brand identity together with higher food appeal. This relaunch followed extensive research, which showed that consumer attitudes have changed. Counting calories is a thing of the past – looking good and feeling good can be achieved by opting for a sweetener.

## New Hermesetas product launch

Apart from being at the forefront of consumers' desire for choice, Hermesetas is strongly involved with ongoing packaging and product development.

Alongside the recent relaunch was an exciting new product launch – the introduction of a new granulated in an attractive and innovative pack. This is Hermesetas Original Granulated, the *only* heat-

stable granulated sweetener on the market. It is a saccharin-based product, perfect for use in cooking and baking, and is presented in the innovative form of an attractively designed paper bag.

A wide range of recipes and literature is available to consumers from the Hermesetas Recipe Kitchen, Dept CD08, Boswell House, 37/38 Long Acre, London WC2E 9JT.

With the introduction of this product, Hermesetas is the *only* sweetener specialist that offers the choice of different tastes and product formats for the easily-attainable healthier lifestyle.

## Trade benefits

Pharmacies are an important trade sector for sweeteners as consumers expect to see their favourite product displayed in their local pharmacy.

Sweeteners are a high profit category, and for optimum sales

Hermesetas recommends that its products are displayed together with other calorie-reduced dietary foods in a specially-dedicated healthy food section.

The entire range of Hermesetas sweetener products is distributed in the UK by the Jenks Group. Tel: 01494 442446.

## The future

Future trends in the sweetener market will reflect the current positive climate. Sweeteners will continue to play an integral part in our lifestyles, with saccharin sweeteners strengthening in importance.

Although non-saccharin sweeteners will grow at a slower rate than previously anticipated, granulated sweeteners will continue to be key in attracting new users and, by the year 2000, the market is forecast to be worth around £80m.

More information on the sweetener market coming soon in Sweet Talk No. 2.



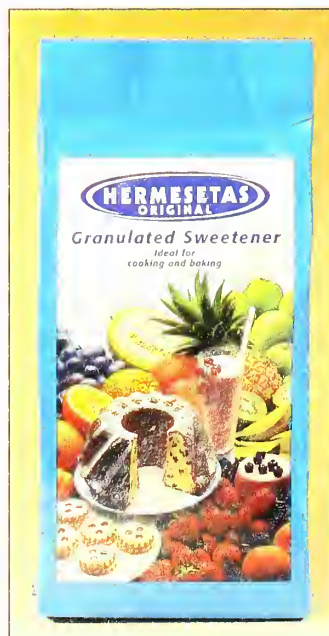
Saccharin Tablets

## Product sector sales by volume

However, it is tablets that are still the most popular sweetener product available – accounting for over 85 per cent of all volume sales – and they are available in two variants: traditional (ie Hermesetas Original) or new generation (Hermesetas Gold). This is excellent news for the pharmacy trade as its best-selling format is traditional tablets and where Hermesetas Original 1200 is the most popular-selling and profitable pack.

## Hermesetas relaunch

This summer, Hermesetas, the clear brand leader in the table top sweetener sector, relaunched its range of



Hermesetas Original Granulated in a new attractive and innovative pack



## Farley's improved dry baby meals

Farley's dry baby meals ranges have improved recipes and extra varieties following a major relaunch by Heinz.

Lancashire Hotpot, Hawaiian Special Chicken and Seven Cereal have been introduced into Farley's Dry Meals, which were previously known as Farley's Timers. Heinz has also improved and renamed established varieties, such as Cauliflower Cheese, which has been renamed Cauliflower & Broccoli Cheese; and Farmhouse Vegetables & Chicken, which replaces Chicken Casserole.

The relaunched range also has new pack designs that carry the Heinz logo for the first time.

For babies older than seven months, Farley's Junior Choice has new Pear & Apple Oat Cereal, Chicken & Mushroom Supreme and Pear & Blackberry Dessert.  
**HJ Heinz Co Ltd**  
**Tel: 0181 848 2193.**

## Good news for sports enthusiasts

BMS Laboratories is launching its range of Active Lifestyle Sports Nutrition products to the retail market.

Previously only available by mail order, the introduction into the retail market coincides with a new

addition to the range.

Glucosamine is a natural substance, vital for mobility and flexibility of joints throughout the body.

Research indicates that regular intake

reduces the likelihood of tendons tearing and accelerates the body's natural repair system when injuries occur, says the company.

The complete range consists of Creatine Monohydrate Power Plus Powder (100g, \$14.25); Creatine Tablets (64 x 1g, \$11.75); L-Carnitine Capsules (60 x 375mg, \$9.99); Co Enzyme Q10 Tablets (60 x 30mg, \$13.50); Medium Chain Triglyceride Oil (100ml, \$4.32); Chromium Nictinate Tablets (90 x 100mcg, \$6.26); Glucosamine Tablets (30 x 400mg, \$8.99) and Maltodextrin (1.5kg tub, \$10).

**BMS Laboratories Ltd.**  
**Tel: 01482 860228.**



## Self-care booklet

A self-care health booklet, entitled 'What should I do?', is now available in the UK to pharmacists.

The 64-page, full-colour booklet (priced at £3.50), combines quick-reference headings in an A to Z format. It deals with over 50 ailments, such as athlete's foot, back pain, colds and flu, stress and vomiting.

The booklet gives advice on when it is appropriate for people to visit their pharmacist for advice and OTC medicines, and also when a visit to the GP is essential, and how soon it should take place.

For more details about the 'What should I do?' booklet, contact Kirsty Maguire at:  
**RTFB Publishing Ltd.**  
**Tel: 01703 229041.**

## Joint Dribbling promotion will have your customers drooling

Cow & Gate and Lego Duplo are embarking on a major promotion.

The new 'Dribble & Win' competition will run on tins of Cow & Gate Step-up and Duplo Primo

sets from the beginning of October through into 1997.

Gamecards in Step-up tins and Duplo sets will contain prize details.

Two top prizes of £1,000

are on offer, as well as 1,000 Duplo Primo sets and 1,000 Cow & Gate gift sets, including weaning products, a teddy bear and a beaker.

Unlucky participants

will receive a free voucher entitling them to £0.75 off Cow & Gate Step-up or £1 off Duplo Primo sets.

**Cow & Gate Ltd.**  
**Tel: 01225 768381.**

## Ranbaxy is...

- 1 India's *largest* domestic pharmaceutical company
- 2 Expanding worldwide with sales of over **£200 million**
- 3 A *manufacturer* of raw materials and finished formulations
- 4 The owner and manufacturer of the RIMA range of *generics*
- 5 Committed to supplying *high quality* good value generics to the UK generics market

**RANBAXY**  
*good value generics*

For supplies of Ranbaxy generics please contact your wholesaler.



# A good name on the box always increases sales.



**Canesten®** *Combi*

CLOTRIMAZOLE - ONE 500MG PESSARY WITH APPLICATOR AND 20G 1% CREAM

**CANESTEN 1 PESSARY**

CLINICALLY PROVEN TO TREAT THE CAUSE OF THRUSH  
(VAGINAL CANDIDIASIS)

**CANESTEN 1% CREAM**

SOOTHES AND RELIEVES THE ITCHING CAUSED BY THRUSH

Because Canesten Combi treats thrush fast, it sells fast. And when it is advertised on TV it sells even faster.

The last time Canesten Combi was on television, sales went up by 82%, and the average monthly growth increased by 47%.

We are investing a further £500,000 on TV advertising, on air now, which is just part of our £2.5 million budget this year.

Unlike oral treatments, Canesten Combi clears thrush completely without drug interactions.

It gives immediate relief from itching with clotrimazole cream, and clears the infection itself with a single dose pessary.

Canesten Combi is currently the market leader and very soon more and more people will be switching on to it.

**Abridged Prescribing Information:** Presentation: One Canesten 1 pessary (containing 500mg Clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% Clotrimazole BP). **Uses:** Pessary for candidal vaginitis, cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration:** Adults: The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months, previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal ulcers, blisters or sores, lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category P Package Quantities and Basic NHS Cost:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Product Licence Numbers:** Cream 1% 0010/0016R, 500mg Pessary 0010/0083. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation:** July 1995 © Bayer plc, August 1996.





**FREE!**  
**PHARMACY**  
**MUG**  
(limited edition)



Act Now! And toast your bigger profits  
with our fabulous pharmacy mug - FREE  
when you return your transfer order.

# This winter's Hottest property!

- **£3.5 MILLION NATIONAL SUPPORT FOR MENTHOLATUM BRANDS - THROUGHOUT AUTUMN/WINTER 1996.**
- **SPECTACULAR MENTHOLATUM 1996 AUTUMN BONUS OFFER! ALL LINES DISCOUNTED FOR EXTRA SALES POTENTIAL.**
- **DEEP HEAT - THE BEST SELLING RUBEFACIENT RANGE - BACKED BY BIGGEST EVER CONSUMER PRESS CAMPAIGN.**
- **DEEP RELIEF - NO. 2 IN PHARMACY - BLOCKBUSTER CONSUMER ADVERTISING PLUS MASS SAMPLING THIS OCTOBER.**

**TRADE CONTACT:** See your National or local wholesaler,  
or Jenks rep. Tel: THE JENKS GROUP (01494) 442446.



## Gastrocote goes OTC

From September 1, Gastrocote the heartburn and acid indigestion remedy from Seton Healthcare, will be available over the counter. Widely prescribed for over 20 years, Gastrocote now has GSL status but retains its pharmacy only distribution. The Gastrocote OTC range consists of tablets (20, \$1.79; 40, \$2.75) and a liquid presentation (250ml, \$3.50). Highly-profitable introductory offers are available.

**Seton Healthcare Group plc.**  
Tel: 0161 654 3000.

## Anonymous Addiction

Elida Fabergé is launching a new campaign for Addiction, its male and female fragrance range, from September 1.

Four-page advertisements will appear in men's and women's magazines until October, taking the form of anonymous love faxes. There are four different fax messages from mysterious 'M' to 'R'.

The four-page ad will run through September issues of consumer magazines, with the final page revealing the Addiction brand.

In October magazines, the advertisements will be featured as folded inserts and the last page will be scented with fragrance for readers to sample.

**Elida Fabergé.**  
Tel: 0181 481 6000.

## Free oral care leaflet

Listerine antiseptic mouthwash has a new oral care leaflet for pharmacists to give to customers.

The concept was developed with the help of the Oral Hygiene Advisory Panel. The eye-catching leaflet provides customers with oral care advice and is designed to attract attention at the pharmacy counter.

It is available on a first-come, first-served basis, in packs of 100 and can be obtained by writing to: Listerine Leaflet Offer, 4 Bedford Square, London WC1B 3RA.

**Warner-Lambert Consumer Healthcare.** Tel: 01703 641400.

## Colour-crazy Rimmel

Rimmel is introducing a new range of coloured mascaras and eye pencils from September 1.

Endless Colour Mascara (\$1.99, six shades) is designed to maximise lash volume and length. The creamy texture helps to ensure even coverage from lash base to tip. A spiral brush separates and defines lashes.

Endless Colour Eye Liner Pencil (\$1.45, seven shades) is a soft formulation designed not to drag the skin around the eye, yet firm enough to draw a fine, even line.

**Rimmel International Ltd.**  
Tel: 01233 625076.

## Tisserand gift-wraps Christmas

Tisserand Aromatherapy has a host of festive gift ideas for Christmas. Products available this year include:

- Relaxing Aromatherapy Kit (\$8), a green gift box contains an aromatherapy starter kit, comprising 50ml Sweet Almond Base Oil, 5ml Geranium pure essential oil and 5ml Rosewood pure essential oil. Included is the new calibrated mixer bottle
- Aromatherapy Massage Pack (\$12), ideal for beginners, the pack is presented in a

green cotton quilt bag containing 5ml Lavender, 5ml Rosemary and 30ml Sweet Almond Oil, plus an empty bottle for massage

- Starter Pack (\$5.99), a compact box contains 50ml Sweet Almond Oil, 5ml Rosemary pure essential oil and a small bottle for mixing. This is complementary to the Lavender version.

**Aromatherapy Products Ltd.**  
Tel: 01273 325666.



# Life savers for Profit.

## Summer Season Sales

History shows both you and your customer alike can trust a product bearing the Carnation name.

With this proven heritage Carnation Footcare will help to make your sales grow.



- 33 1/3% Profit on return
- Full consumer advertising support throughout peak season beginning June '96
- 75 years of proven pharmacy sales



**CARNATION**  
FOOTCARE

Available in packs of 5 or 10 from your English Grams representative.

ABRIDGED INFORMATION. LEGAL CATEGORY: GSL. INDICATIONS: For the removal of hard corns. ACTIVE INGREDIENTS: Salicylic Acid BP 40%. PRODUCT LICENCE HOLDER: Carnation Geriatric & Company Limited, 1/5 Boscawell Road, Oldbury, Walsley, West Midlands, B69 4BH. Tel: 0121 544 7117. FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST.



# Christmas crackers

This year there is a host of gift sets for Christmas, 1996. With so much to choose from, you can be sure to be able to stock the perfect present for everyone.

**Jo Webb** reports



Coty's most successful fragrance brand, L'Aimant, is introducing six new gift sets from early September. Prices start from £4.99 for the 15ml parfum de toilette spray, ranging to £12.99 for a gift set containing a 50ml parfum de toilette, 15ml creamy skin perfume and 150ml perfumed foam bath.

Coty (UK) Ltd. Tel: 01734 302302.



Coty is celebrating the recent launch of its fragrance Shimo by offering a limited edition gift set. It will include a 30ml eau de toilette and 200ml bath and shower gel (£21). Shimo combines top notes of lychee, bergamot and gardenia, enhanced by middle notes of apricot and freesia, and finished with heart notes of jasmine. The new fragrance collection and gift presentation box will be available from early September.

Coty (UK) Ltd. Tel: 01734 302302.



International Classic Brands has a host of gift set ideas across its Carven and Worth fragrance ranges. The Carven Ma Griffe festive line-up comprises: Ma Griffe 50ml parfum de toilette spray plus teddy bear (£16.50) and 50ml parfum de toilette spray plus 200ml body lotion (£20). In Worth Je Reviens there is: Je Reviens 50ml eau de toilette spray plus teddy bear (£16.50); 50ml edt spray plus Judy Gabriel clock (£24.95); and 50ml edt spray plus 200ml body lotion (£20). In Worth Pour Homme there is: Worth Pour Homme 100ml edt spray plus the 'More Short Walks to Country Pubs' book (£15.95). International Classic Brands (Worth Fragrances Ltd). Tel: 0181 579 6060.





Exclamation Eau is a recently launched fragrance from Coty. It is designed to have a youthful appeal, so the scent is targeted at the girl who wants to 'Make it happen'. To reflect this image, new Christmas gift sets have been produced in blue and white packaging of the brand. These gifts comprise of a 150ml eau de toilette spray (£4.99) and a 150ml eau de toilette spray with deodorant (£5.99).  
Coty (UK) Ltd. Tel: 01734 302302.



Collection 2000 is unveiling its face for Christmas, 1996. Inspired by rich jewel colours, new Plum Passion includes a complete make-up look for the season. The range comprises:

- Face – Sheer Cover Foundation in China Peach (No3, £1.49); Sheer Loose Powder in Translucent (No2, £1.99) and Single Powder Blusher (No7, £1.29).
- Eyes – Eyeshadow Quartet (No79, £1.49); Kohl Eye Liner in Black (No1, £1.19); Sextet Eyeshadow (No13, £1.49) and Long Lash Mascara in Black (No1, £1.49).
- Lips – Lip Liner in Wine (No5, £1.19) and Blackberry Lipstick (No66, £1.19).

In addition, a limited edition gift set will be available from September in three different colourways. It contains two Collection 2000 lipsticks, one nail polish, one compact powder refill and one colour lash mascara (£4.99). The gift set will be packed 12 sets per case – four of each variant.

Collection 2000 Ltd. Tel: 01695 50078.



Each gift set comprises luxury line products from each fragrance line, together with round, pleated soap tablets of fine English soap. The English Rose's Yuletide collection includes: two x 75g soaps plus 200ml bath and shower gel (£5.50); and bath and shower gel plus body lotion (200ml variants, £5.50). In the French Fern fragrance there are: two x 75g soaps plus body lotion (£5.50); and bath and shower gel plus body lotion (200ml variants, £5.50). The Original Lavender range includes: two x 75g soaps plus 200ml bath and shower gel (£5.50); and 200ml bath and shower gel plus 100g body powder (£5.50).  
National Classic Brands (Worth Fragrances Ltd). Tel: 0181 579 6060.



Coty has created three Christmas gift set combinations which reflect the tropical scent of its fragrance Monsoon. The gift sets are presented in hand-finished natural boxes with copper foil 'jungle leaf' liners. The largest box contains 30ml eau de toilette spray, 200ml shower gel and 100g pure perfumed soap, £27. The second set contains 30ml eau de toilette spray and a 200ml perfumed body lotion, £21; and the third includes 15ml eau de toilette spray and 100g pure perfumed soap, £15.95. Gift sets will be available from early September.

Coty (UK) Ltd. Tel: 01734 302302.



Elida Fabergé is offering its range of male toiletry brands in festive gift sets. Lynx, Lynx Skin Systeme, Brut, Brut Aquatonic and Addiction feature new pack designs, created to offer choice for the consumer. The Christmas collection includes:

- Lynx – a travel bag containing body spray (150ml), shower gel (200ml) and after shave (100ml) in Atlantis and Africa variants (£12.49); a gift set containing body spray (150ml) and after shave (50ml) in Atlantis and Africa variants (£5.69); a gift set containing shower gel (200ml) and body spray (150ml) in Atlantis, Africa, Mirage and Java (£4.19).
- Lynx Skin Systeme – a new moisturising shower gel (200ml), sensitive deodorant (150ml) and daily face moisturiser (20ml) at £4.99.
- Brut – a gift set containing deodorant (200ml) and after shave (100ml), priced at £6.99; and a shower gel and deodorant gift set (200ml variants), priced at £4.19.
- Brut Aquatonic – two new combinations offer a body spray (150ml) and light after shave (100ml), priced at £7.99; and body spray (150ml) and shower gel (200ml), at £4.49.
- Addiction is a new range with fragrances for both men and women. For men there is a combination of body spray (150ml) and eau de toilette (50ml), available in Wild Ginger or Spice Fire fragrances, priced at £8.50; or a duo pack containing Wild Ginger and Spice Fire body sprays (150ml), available at £5.30. For women there is a twin pack containing body spray (75ml) and eau de toilette (20ml), available in either Saffron Silk or Citron Musk fragrances at £5.30.  
Elida Fabergé. Tel: 0181 481 6000.



# Solpaflex Gel. The power to help is here.



**Fast, powerful relief for muscle pain.**

Now from the makers of Solpadeine, the No.1 pharmacy analgesic and No.1 pharmacy OTC brand, comes new Solpaflex gel, a powerful ketoprofen formulation for the relief of muscle pain, sprains and strains. As part of the Solpaflex range, Solpaflex gel will be supported by a heavyweight £3.2m marketing spend, and in keeping with the 30 year heritage of Solpadeine, this is totally dedicated to pharmacy. Stock is now available from wholesalers.

**Product Information.** **Presentation:** A clear, colourless gel for local application, containing 2.5% ketoprofen. **Uses:** Benign traumatology, sprains, musculo-tendonitis, oedema, and post-traumatic pain. **Dosage and administration.** *Adults:* two to four daily applications of approximately 2 to 4g gel (5-10cm). Maximum dose 15g per day for up to 7 days. *Children (under 15 years):* Not recommended. **Contraindications:** Known allergy to ketoprofen, aspirin and similar substances or to other gel constituents. Dermatitis, eczema, infected skin lesions, wounds; not to be applied to mucous membranes or eyes. **Precautions:** For topical use only. Stop treatment if cutaneous eruptions occur. Avoid during pregnancy. Do not use if breast feeding. **Side effects:** Rare allergic pruritic or localised erythema reactions. **Legal category:** P **Product licence number:** 0079/0333 **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD. **Presentation and RSP:** 30g £3.89 **Date of preparation:** June 1996. **SB SmithKline Beecham Consumer Healthcare**

\*Solpadeine and Solpaflex are trademarks.



***Ouch!***





**'Take two authors  
and stir gently'**

Anyone who won the privilege of being the editor of the Diamond Jubilee edition of his school's magazine obviously has delusions of journalistic ability, so you can imagine that the invitation to be C&D's first 'guest editor' was seized as if it was the first prize in the National Lottery.

Of course, reality sets in almost instantly. How do you fill the blank pages with interesting, informative articles, and how do you avoid the temptation to ride your own hobby horse? Filling pages with interest is relatively easy – you ask other people to write the articles. As for riding hobby horses, that is part of the pleasure of editorial status, so I picked subjects which fascinate me.

Pharmacy is one of the broadest-based bio-science degrees available. It must remain so, for it is this which provides the platform for understanding future developments in medicine throughout a pharmacist's career.

Pharmacy graduates are among the brightest and best, but their skills are under-used, their services are undersold and their real potential to the British public is undervalued. This has to change. I, therefore, picked two very different authors and gave them an outline title and a free rein.

● **Dr Peter West** is a health economist, a researcher and a non-pharmacist. To have someone like him look at what we have to prove to our paymasters and the public must give a different but informed slant on pharmacy's future. I use the word slant advisedly because Peter has a tendency to observe our profession from an oblique angle.

● **Professor Graham Calder** was a hospital pharmacist, a civil servant in the Scottish Health Department and Scottish Office, and is now an academic and consultant. His involvement in clinical pharmacy is legendary, but one of his current interests is remuneration mechanisms. How we get paid determines how we work.

You will realise that my hobby horses are the profession, money and the future. I hope these articles will further the debate on where we are going and how best to get there.

**Ian Caldwell** (President, Royal Pharmaceutical Society)



# Remuneration – which way forward?

**Former Scottish chief  
pharmaceutical officer  
Professor Graham Calder  
discusses remuneration  
systems and how they  
affect service provision**



**Professor Graham Calder**

A report from a Government working party of pharmacists, published in April, 1948<sup>1</sup>, concluded that "there are definite differences in prescribing and dispensing practices between England and Wales, on the one hand, and Scotland on the other", and that "different remuneration systems were appropriate". In effect, remuneration systems should be geared to practice procedures.

It also concluded that a system reflecting different practices did not necessarily mean an overall difference in total remuneration – remuneration should not be defined as so much money to be paid but as a reward proportionate to the work done.

It still holds true that the complexity of professional practices is indivisible from the system used to reward these practices. Current NHS systems do not meet this essential criterion.

At Robert Gordon University, we have been researching practice procedures and investigating appropriate foreign and innovative remuneration systems, which would proportionately reward the professional services provided by community pharmacists. The remuneration aspects of this research are supported by the Scottish Pharmaceutical General Council.

There is enough evidence to say the system was designed to reward only the retailing of medicines and not the concomitant provision of the pharmaceutical care people need in this technological age.

It is questionable whether the rewards for retailing to the NHS alone make it a viable commercial business for any other than the better-managed independents and the large multiples.

They certainly do not reward the expertise required as therapy with medicines becomes increasingly complex. If community pharmacists do not meet this need, other professions will.

The two basic systems for rewarding professional practices are (of French origin):

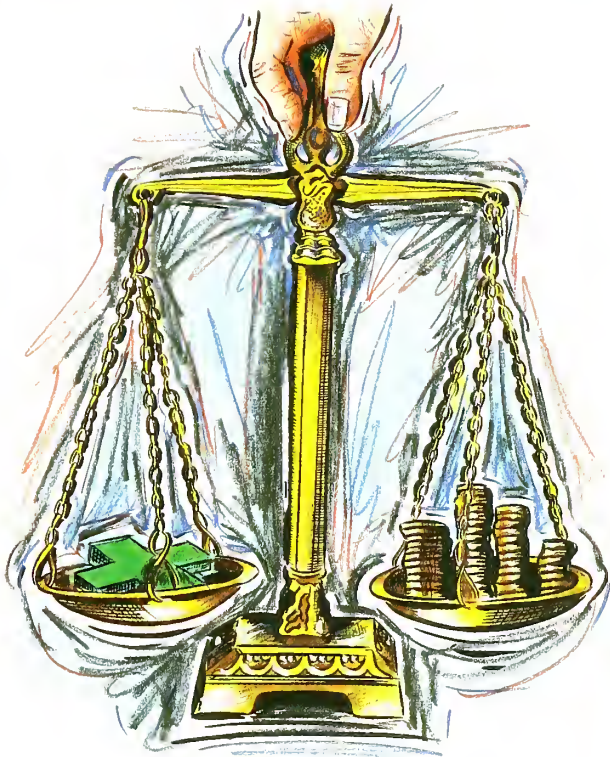
● *tiers payant*: this includes 'salary', 'capitation' and 'retainer' systems, where the professional has a continuing responsibility for the patients under his care

● *tiers garant*: this is a 'fee for item of service' system. Professionals are not normally rewarded by a 'mark-up' on the cost of a product provided. Such a system is reserved for traders.

As a crude example, compare a patient receiving a product costing \$1 with a 'mark-up' of 30 per cent, and requiring 15 minutes of a pharmacist's time, with another requiring only a minute of the pharmacist's time for a product costing \$1,000. The first would be grossly underpaid for his time and the latter comparatively overpaid.

In government terms, 'pharmaceutical services' is, in fact, the primary care 'drug bill'. This includes remuneration of pharmacies, and is, in effect, the retail cost of NHS drugs. Thus, although an increasing number of community pharmacists are salaried, the present NHS method for rewarding community pharmacies is still the mark-up system. This must be changed if a system that more adequately





rewards professional practice is to be introduced.

Alternative systems exist or are capable of being devised. In the US and other countries (ironically some having introduced Pharmacy Benefit and Managed Care Systems where there is virtually no 'profit' on products supplied), there are fee systems reflecting the theoretical elements needed to support a professional practice, such as the level of knowledge and education required, as well as the usual overheads, including a return on capital invested.

These alternatives include systems where fees are weighted to reflect the complexity of care and degree of expertise expended. The weighting can be aligned, for example, to the age profile of the population, since it is likely that some patients will require a more complex pharmaceutical care input than others. Weighted capitation systems fall into this category. Weighting applied to disease states treated is another example and a further one is a model which rewards the achievement of pre-set patient outcomes.

Other models being studied in the US are complex and involve assigning, after lengthy research, a comparative factor to all pharmaceutical care procedures; the more complex the procedure, the higher the factor. Only the value of a basic (zero-factored) procedure needs to be negotiated.

These and other models reward those who provide a high level of complex pharmaceutical care procedures. However, under the 'global sum' philosophy, the overall remuneration to the pro-

fession would not alter if they were introduced. Some pharmacies would gain at the expense of others. It is likely that patients would also get better care with a service restructured to reflect such changes.

If the profession's aspirations, which are likely to emerge from the New Age exercise, are to be realised, then innovative remuneration systems and practice structures must be researched and developed. These will be based on varying levels of fees to reward varying levels and complexities of pharmaceutical care for individual patients.

Changing from the current system does not mean that the pharmaceutical care budget of the government or any other third party payer needs to have no upper limit. It requires the involvement of health economists and accountants, as well as pharmacists in research, together with an acceptance by government and its agencies that appropriate pharmaceutical care is cost-effective and efficient, and is not solely a retail activity.

The care patients deserve is unrelated to the cost of products supplied. Remuneration systems must recognise this and reward those who provide such care.

## References

1 Report of the Working Party on Differences in Dispensing Practice between England and Wales and Scotland, the Ministry of Health and Department of Health for Scotland, 1918 HMSO.

2 DoH consultation paper 'Primary care: the future' (see *Chemist & Druggist* June 15 1996, p820).



## TRAXAM TOP TIPS FOR MANAGING SOFT TISSUE INJURIES IN PHARMACY

### NUMBER 2 BACK PAIN

*The spine is a remarkable structure, which normally copes very well with the stresses and strains of daily life and activity. Anyone who has suffered from a muscular back injury will not want to repeat the experience. Persistent back trouble is a problem endured by many, affecting mobility and ability to work.*

*The pain of many back (and neck) injuries is often due to muscle spasm and this is best treated with heat rather than cold.*

Was the onset of pain rapid and severe?

Is the pain severe or persistent at rest?

**Step 3 Advise the customers how to avoid back pain.**

Physiotherapists recommend 7 simple measures that everyone can take to help protect their back and avoid back trouble.

Always warm up gently before exercise.

**Step 1 Offer advice to customers on management and treatments available.**

Go to bed and lie down.

Apply heat to your back - a hot water bottle or warm bath may help.

Try placing a board under the mattress to give your back more support in bed.

When resting in bed, keep your legs moving and flex your ankles to encourage the circulation of blood.

Apply topical anti-inflammatory treatments like new Traxam Pain Relief Gel, or take oral painkillers.

**Step 2 Check the need to refer.**

*Occasionally a back injury may be severe enough to warrant a visit to a GP, or even a hospital Accident & Emergency Department. If the answer to any of these questions is "yes" then refer.*

Has the pain or lack of mobility shown no improvement over the last 48 hours?



Be careful when lifting in an awkward or confined space.

Use a firm mattress.

Never continue an activity if your back hurts.

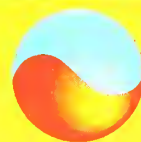
Stand tall and straight with your head held high.

Never do fitness or aerobic exercises on a stone or concrete floor.

Never carry one heavy load if you can divide it into two.

Traxam Pain Relief Gel is an ideal recommendation for most consumers with muscular back pain, providing powerful, penetrating anti-inflammatory action to muscles, tendons and ligaments beneath the surface of the skin. Traxam Pain Relief Gel is a cosmetically pleasant, clear gel with no smell, no burn and no greasy residue.

**Just pure pain relief.**



**FELBINAC**  
**Traxam**  
Pain Relief Gel  
**Pure Pain Relief**

**PRODUCT INFORMATION:** Presentation: Clear, non-greasy, non-staining gel containing 30mg felbinac in each gram. **Uses:** A topical anti-inflammatory and analgesic for the relief of symptoms associated with soft tissue injury such as sprains, strains and contusions. **Dosage:** Rub 1g TRAXAM Pain Relief Gel (approximately 1 inch (2.5cm) of gel) into the affected area 2 to 4 times a day. Do not use for longer than 7 days. The total dose should not exceed 25g per day regardless of the number of affected areas. **Elderly:** No special dosage recommendation are made for elderly patients. **Children:** Not recommended for use in children under 12 years of age. Hands should be washed following application of TRAXAM Pain Relief Gel unless they are in the treatment site. **Contraindications:** Hypersensitivity to the ingredients. TRAXAM Pain Relief Gel should not be given to patients in whom attacks of asthma, urticaria and acute rhinitis are precipitated by Aspirin or other non steroidal anti-inflammatory drugs. **Precautions and special warnings:** Use of TRAXAM Pain Relief Gel should be limited to intact, non diseased skin. Contact with mucous membranes and the eyes should be avoided. TRAXAM Pain Relief Gel should not be applied with occlusive dressings or simultaneously to the same site as other topical preparations. Safe use of Felbinac in early childhood has not been established. **Side effects:** Overall incidence of side effects with felbinac is low. Local effects such as mild local erythema, irritation, dermatitis pruritis and paraesthesia, which recover spontaneously on cessation of treatment, are the most common reactions. **Pharmaceutical precautions:** Store below 25°C. **Legal category:** P. **Package quantities:** 30g tubes. **Product licence number:** PL/0095/0119. **Price:** £3.99 RSP (£3.40 ex VAT). **Name and address of licence holder:** Cyanamid of Great Britain Ltd, Cyanamid House, Fareham Road, Hampshire PO13 0AS. **Distributor:** Whitehall Laboratories Limited, Berkshire, SL6 0PH.

Trade Mark

Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH

WHITEHALL



# The costs and benefits of community pharmacy

**How do you prove that a service is cost-effective and patient-friendly?**

**Dr Peter West, a senior lecturer on health economics at UDMS, St Thomas' Hospital, London, is Ian Caldwell's second guest writer**

**W**hen looking at alternative arrangements for providing goods and services, economists set out to assess whether benefits outweigh the costs and how benefits and costs are distributed between different groups.

Economists attempt to measure not only costs and benefits reflected in cash transactions but also those that involve a loss or gain of a valuable resource, which may not have a direct cash payment. These 'opportunity costs' include factors such as the time and trouble of individuals, and changes in their health.

In the commercial world, simple profit maximisation is all about one firm's costs and benefits, not those of the community.

Retail shopping provides a classic example. Development of large, out of town supermarkets is profitable for major food retailers. There are some losers, such as individuals without cars or easy access to public transport, but their loss is not counted by the retailers. In the public sector, there is greater concern to measure all the costs and benefits of change. Public projects often have non-market results – for example, faster journeys, noise and inconvenience from new roads – that cannot be assessed with commercial data.

Government is always weighing up community gains and losses, often in economic studies. This does not mean that the most beneficial outcome is always chosen or that the losers are compensated by the gainers. But the additional analysis goes some way towards identifying how far a particular way of doing things offers social gains.

The current pattern of community pharmacy could change radically over the coming years due to changes in the retail market – whatever happens to Resale



Price Maintenance – and in health service funding and organisation. It seems more likely that the number of pharmacies will fall rather than rise. So who are the gainers and losers?

The public may gain directly – from lower prices in big stores – but lose in other ways. They could spend more time travelling, particularly for items needed urgently, between weekly visits to the big supermarket. They may also face delays, and longer periods of uncertainty, before diagnosis and treatment.

The health service might save some cash by changing reimbursement. Since the gain to the NHS will be the loss to pharm-

acy, there will be no net gain from a pure change in financial rules. A strict economic assessment would be more concerned to test whether the financial arrangements change the real use of resources and the net gains and costs to the rest of the community.

The NHS also faces costs if the number of pharmacies falls. One possible and much-discussed outcome would be a shift of a substantial number of consultations from pharmacy to general practice and accident departments. These could cost the NHS additional scripts or materials and, if GPs could get paid for the extra work, in direct labour costs. But even if no additional

drugs were prescribed, there would be social costs, from increased waiting times or shorter consultations, that could be valued appreciably by patients.

The problem for pharmacy in assessing its costs and benefits is that it involves a number of different activities – recorded differently, if at all, and covered by different payments. Dispensing of medicines is highly quantified, but opinions differ about how much benefit this service provides, as medicines become increasingly pre-packaged. Potentially important benefits may accrue intermittently, when a serious mistake is made in a prescription or the combination of drugs given to a patient.

Once we move away from the cash transactions and the highly quantified dispensing service, the lack of clear, consistent data frustrates attempts to assess benefits. A consultation over a choice of ointment is a different transaction from the repeat purchase of toothpaste.

But pharmacy diagnosis and advice is not routinely recorded or assessed. We have little idea of the time spent on such activities, the information given or on patient compliance. Although data are beginning to emerge, pharmacy needs a clear idea of how it contributes to the management of minor illness and chronic disease if it is to justify payments for this element of the service.

As long as payments do not match services, there will always be a risk that some payments may be cut where they seem out of line with benefits. At the same time, if there is a lack of data on services where no payment is made but significant benefits are generated, pharmacy risks failing to gain on the swings what it may lose on the roundabout. It is likely that changes in information technology, retailing and health policy will cause a great deal of turbulence for the profession. There is no guarantee that pharmacy will gain from all these changes and no reason why the impact on pharmacy itself should dominate policy.

On the other hand, as long as governments are committed to a publicly-funded and accessible health service, pharmacists are likely to have increasing scope for work in primary care. The challenge facing the profession is to bring out a clear picture of itself, through frank and detailed research on its multi-faceted role, and to debate with the NHS the balance between benefits and costs in each current and potential role. Only then will we have a rational basis for the future of pharmacy rather than the haphazard impact of conflicting policies and commercial decisions.





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#### ABBREVIATED PRODUCT INFORMATION

**Presentation:** Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph Eur. 2.0% w/w in a white cream base. Movelat Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: **Movelat Relief Cream:** Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. **Movelat Relief Gel:** Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-**  
**indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. **Precautions:** For external use only. Not to be used during the first trimester or during late pregnancy. **Side-effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Legal category:** P. Pack Details: Movelat Relief Cream (PL 8265/0008), Movelat Relief Gel (PL 8265/0009). **Trade Price:** £4.14 per 100g tube, £2.51 per 40g tube. **Retail Price:** £7.30 per 100g tube, £4.40 per 40g tube. Full product information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham. **Preparation:** August 1996  
MRF 9601

panpharma



Patient compliance, or the lack of it, presents great opportunities for US pharmacists. Good compliance has a materially positive effect on the outcome of the many and various disease management programmes being sponsored by the major pharmaceutical manufacturers.

These programmes, while well structured and well thought-out, rely to no small degree on the willingness and ability of patients to take the medication prescribed for them by their doctors.

There have been many studies about patient compliance in the US since 1990. These consistently show that patient compliance is fair at best and, in most cases, quite poor.

Included among the major reasons for poor compliance are:

- the unwillingness of people to put 'too much' medication into their bodies. This translates into patients taking their treatment into their own hands

- economic considerations, ie people just can't afford to get their prescriptions refilled in a timely manner

- inability to remember proper dosage schedules, just plain carelessness and not believing that the medication is all that important.

It is an interesting commentary on the human psyche that the highest rate of compliance (87 per cent) is for oral contraceptives and the second highest (85 per cent) for immunosuppressants. It's almost incredible to believe that the desire not to conceive a child is greater than the desire not to have a transplanted organ (heart, kidney, liver) rejected.

After these two therapeutic categories, all other compliance rates for maintenance drugs of any kind slip below 80 per cent, with cardiac drugs and anti-hypertensive products (which treat what is basically an asymptomatic condition) having compliance rates in the high 50 to low 60 percentage range.

As these studies have caught the attention of the manufacturers, they have come to realise how many dollars are being lost when patients do not refill their prescriptions in a timely manner, if at all.

Low rates of compliance and persistence offer a great oppor-



# Taking the medicine

**Poor compliance is just as much of a problem in the US as it is here. But disease management programmes, sponsored by the major pharmaceutical manufacturers, rely heavily on compliance for meaningful results. Consequently, companies are turning to pharmacists for co-operation in organising patient compliance initiatives. Tony de Nicola explains how these work**

tunity to increase sales incrementally with the same patients and with no additional marketing costs. The incremental profits that these sales (prescription refills) produce are substantial.

Accordingly, many US pharmaceutical manufacturers have begun to sponsor patient compliance programmes. These require the support and co-operation of community pharmacists, as they and their computer systems hold the data that the manufacturers need to determine which patients are not compliant.

Additionally, pharmacist support of these programmes is essential, as patient confidentiality laws severely limit manufacturers' ability to contact patients directly.

The programmes rely upon capturing the data about particular drugs and the patients taking

them directly from pharmacy computers. At present, these work as follows:

- a pharmacy or group of pharmacies agrees to send its prescription data from the pharmacy's computer system to a third party data processing firm, known as a fulfilment house. Currently this is being done in a real time mode

- this firm, paid by the pharmaceutical manufacturer, identifies patients taking a particular product manufactured by the sponsoring company. A list of the names and addresses of these patients is created

- the fulfilment house then mails an 'enrollment' brochure directly to the patient, accompanied by a letter from the pharmacist, which explains the necessity for good compliance. The patient is given the chance at this

point to opt out of the programme (however, less than 1 per cent of patients 'enrolled' to date have asked to be deleted from the programme)

- subsequent to that, these patients are reminded by mail as to when their refills are due and, if they neglect to refill in a timely manner, they are mailed a second and even a third reminder letter

- in some cases, at the pharmacy's option, lists of non-compliant patients are sent to the pharmacy to be followed up by telephone.

These programmes are maturing rapidly. Everyone involved with them – from pharmacists to manufacturers, wholesalers and third party payers – agrees that they are both

effective and useful.

Increased compliance with prescription instructions means healthier patients and, at the same time, lower overall healthcare costs.

It also means increased sales for manufacturers and for the pharmacies who dispense the prescriptions. And, since the mailings are done in the name of the pharmacy, with the manufacturer not having access to the patients' names and addresses, patient confidentiality is protected. This creates a true win situation for all parties to the equation.

Manufacturers, wholesalers and computer software vendors are all trying to innovate new and different ways to capture this data and support patient compliance programmes. US pharmacists are being asked by all these groups to participate in compliance programmes, with a lot of competition ensuing as to who will get the data first and how it will be used.

There is much opportunity for pharmacists to step in and intervene with non-compliant patients, therefore increasing their value in the process. The only thing that works against the process is the unwillingness of some pharmacists to alter their work patterns and take the time out to support increased patient compliance.

*Anthony de Nicola is a pharmacist and president of pharmacy consultant A&D Associates. He has 25 years' experience in community pharmacy, owning two pharmacies in New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states for 13 years.*



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References: L Data on file \* MIMS March 1996



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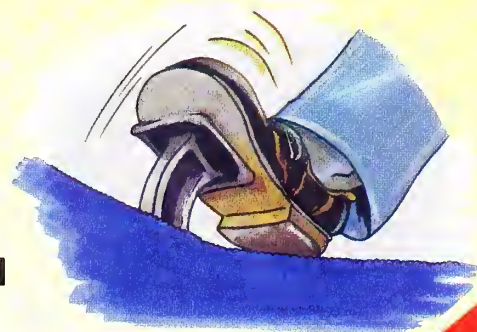
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- Agfa-Gevaert Ltd.
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# Pharmacist struck off for theft of cash

A Lancashire pharmacist convicted of stealing from his employers was ordered to be struck off the Register after a disciplinary hearing in London last week.

David Pomfrett, a former superintendent pharmacist at A&C Chemists in Leyland, had been convicted after pleading guilty at Preston Crown Court on July 31 last year to five counts of theft from the shop.

Jocelyn Hill, representing the Royal Pharmaceutical Society, told its Statutory Committee that Mr Pomfrett, of Hindley Green, Wigan, had been placed on probation for two years by the court.

Mr Pomfrett, who qualified from Bradford University in 1976, was appointed superintendent pharmacist of the pharmacy in Leyland, in January, 1994. He was also a director.

In April, 1994, police were called in to investigate suspicions that money was being taken. Mr Pomfrett was arrested and the following day and after a bit of "hedging", he admitted taking the money from the pharmacy and "mixing it with his own".

It was impossible to calculate exactly how much he had stolen, but the amount in the charges, which were specimens, was in the region of \$1,250.

Mr Pomfrett had claimed he had "borrowed" the money from the safe. Police had found the safe in the shop completely empty of three days' takings, amounting to \$1,370. About \$300 was found in a brown envelope near the till.

Mr Pomfrett told the hearing that he had taken the job as superintendent pharmacist with the intention of eventually taking over the pharmacy. However, he had become disillusioned because staff were unfriendly. He also found out that the shop risked losing 50 per cent of its income because permission had been granted for another pharmacy to open in the area.

He had been depressed since his arrest and court appearances, and in April, 1995, had made a serious suicide attempt. He had since obtained employment as a pharmacist at the Manchester University health centre.

Announcing the striking off, Committee chairman Gary Flather QC told Mr Pomfrett that there was "simply no room for any other course of action".

# Schaffer saga claims another 'victim'

An east London pharmacist, who bought almost \$25,000 of cut-price drugs from unlicensed wholesaler Pierre Schaffer, lied that he had given some of them away to treat war victims in Bosnia, a disciplinary hearing heard last week.

Martin Bernstein, owner of a large pharmacy in Stepney, east London, told the Royal Pharmaceutical Society's inspectors that he had also given a lorry driver – on his way to the war zone – other drugs, blankets and food.

However, he told the Society's Statutory Committee that he had "foolishly fabricated" the Bosnia story after panicking when questioned by the inspectors. He had realised that what he had done was wrong, and had phoned the

Society to ask the inspectors to come round again.

Mr Bernstein is the latest pharmacist to appear before the Committee after buying drugs from Mr Schaffer.

Mr Schaffer was fined a total of \$7,000 at Canterbury Crown Court in January, 1994, for seven offences relating to unlicensed importing, trading and supplying of medical products.

Jocelyn Hill, solicitor representing the Society, told the Committee that between October, 1992, and October, 1993, Mr Bernstein had obtained 30 separate consignments of medicines from Mr Schaffer, totalling about \$25,000. Unlicensed products worth nearly \$6,500 amounted to 18 of the 30 purchases.

"One of the invoices included Acid, an unlicensed product, some of which Mr Bernstein eventually admitted he supplied to a patient having given other explanations during interviews," Mr Hill said.

The Committee found Mr Bernstein guilty of misconduct and ordered his name removed from the Register. Committee chairman Gary Flather QC said that normally in such a case restoration should not be entertained for 12 months. However, in view of his co-operation, the Committee intended to reduce this to three months.

Mr Flather said the Committee had taken due account of Mr Bernstein's 38 years as a pharmacist with no previous complaints.

# Society hands out reprimand for incompetence

An incompetent veteran Exeter pharmacist continued supplying prescription drugs to local nursing homes which had not been prescribed by a doctor, the Royal Pharmaceutical Society's Statutory Committee heard last week.

Michael Phillips, of Torquay, was the manager of Milton Pharmacy in Exeter for just over a year until he agreed to leave in November, 1994.

He could have been prosecuted under Section 58 of the Medicines Act 1968, but it was decided there was no criminal intent, so charges would not be in the public interest.

Jocelyn Hill, representing the Society, told the hearing: "The allegation is one of incompetence, relating to the supply of Prescription only items to people in residential homes without any prescriptions."

Mr Phillips, who now works for Boots in Newton Abbott, was taken on in August, 1993, and given the task of restructuring the dosage systems for the residential homes. Another member of staff realised things were not going to plan and raised the alarm.

Eventually, Mr Phillips wrote to all the local doctors whose patients he had been supplying, asking for retrospective prescriptions to cover him for a seven-month period. This was refused.

Mr Phillips complained that his employer, a company called Coppers which owns four pharmacies, failed to invest in the shop.

"I found the previous systems employed deplorable. There was copious paperwork and no comprehensive computer system. I set about re-organisation. A difficult task with muddled sheets and incomplete records."

He stressed that the interests of the patients were always at the forefront of his mind and that no patient had ever received incorrect medication. "I do not deny the allegations and I regret them, but I tried to introduce a high-standard pharmacy practice ... There were no prescriptions because of the huge backlog of

work I was trying to rectify."

Announcing the Committee's decision to reprimand Mr Phillips, Gary Flather QC told him that they were sensible enough to realise slight technical breaches did occur from day to day while running a pharmacy, but that "this case goes, far, far beyond that".

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# Moss creates training and personnel director

Moss Chemists, the retail division of Unichem, is splitting the post of retail operations director to enable it to concentrate more on customer care and on the training and welfare of its 3,500 employees.

Caryl Webb, the current retail operations director, will head a new department as training and personnel director, starting from September 1. She remains superintendent pharmacist for Moss' stores.

The company will appoint a new operations director.

Mrs Webb says the move is an important one for Moss, regardless of whether Unichem succeeds in acquiring Lloyds Chemists. "The growth of Moss and the changing emphasis within the NHS towards locally-managed primary care services provide new challenges for the company," she says. "We have concluded that we need to focus on recruiting the right pharmacists for our 100-plus pharmacies and on equipping all staff for the developing healthcare role to which we are fully committed.



Caryl Webb: new role for Moss

## Boots' business benefits BASF

BASF's pharmaceutical operation was one of the major contributors to the group's 14.7 per cent rise in pre-tax profits to DM2.3 billion for the first half of this year.

The group's sales rose by just under 1 per cent to DM24bn, compared with the same period last year. Most of the growth came from changes within the consolidated group and from currency exchange rates.

Last year, BASF acquired Boots' pharmaceutical business, which it says was rapidly integrated into its health and nutrition sector.

The health and nutrition sector's sales rose 37 per cent to \$116 million, reflecting the contribution of Boots' business, although BASF's overall UK sales fell 2 per cent to \$567m because its chemicals, plastics and fibres suffered from low prices.

Barry Stickings, president of the company's regional division, North Europe, comments that the group's pharmaceutical future is looking good.

"Sibutramine's [an anti-obesity agent] marketing licence will be granted in the US and the UK soon, so in 1997 we should be marketing this product in these two countries. This will provide a tremendous boost to our sales in these countries," he says.

The company also says that it expects to market Ancrod, an anticoagulant that reduces the blood concentration of fibrinogen; and MAK 195F, a treatment for septic shock, within the next 18 months.

## Independent Retailer Excellence Awards 1996 Award countdown begins

Pharmacists wishing to enter the Switch 1996 Independent Retailer Excellence Awards, being run in association with the British Chamber of Commerce, have until September 20 to return their entry form.

Supported by *Chemist & Druggist*, the competition seeks to identify independent pharmacists who have achieved superlative standards in the following areas: promotion and merchandising, staff training, customer care and the use of technology.

Entry forms can be obtained

by phoning 0800 413415, and should be sent to: Switch Independent Retailer Awards, The Association of British Chamber of Commerce, 9 Tufton Street, London SW1P 3QB.

Ten retailing categories will be judged, and three retailers from each category will be invited to an awards luncheon at the Savoy Hotel, London, on November 21. Category winners will receive \$400 of Forte vouchers, while the overall winner will receive \$5,000.



## More for Superdrug

Superdrug is planning to open another 250 in-store pharmacies within four years as part of a £140 million investment programme, according to the *Financial Times* (C&D April 27, p573). And, by the end of this year, the company expects to have more than 100 pharmacies open at selected branches.

## Lloyds reports 'speculation'

The Office of Fair Trading has this week dismissed as "speculation" press reports that suggest Lloyds Chemists has told both Unichem and Gehe that it has secured agreements in principle for the sale of selected depots. C&D was unable to secure a comment from Unichem or Gehe on the matter. According to the *Financial Times*, Lloyds is also trying to block what it sees as moves to reduce the company's value, which follows news about the depot disposals and Lloyds' profit warning last month.

## Milupa lifts Nutricia results

NV Nutricia, the Dutch group whose UK interests include Cow & Gate and Milupa, increased its net profits by 51 per cent to 107.1 million guilders for the first half, compared with the same period last year. And its sales rose 72 per cent to G1.431 billion. The increases reflect Milupa's contribution, the acquisition of which was recently cleared by the Monopolies and Mergers Commission. Nutricia says its full year results will highlight further benefits from Milupa.

## Leg up for Archie

Archie Norman, currently chief executive of Asda, is to become chairman of the supermarket group. Allan Leighton, his deputy, takes on the chief executive's role.

## COMING EVENTS

### TUESDAY, SEPTEMBER 3

**Northern Scottish Branch, RPSGB** Tenpin bowling at the Inverness Rollerbowl, 7.30pm.

### WEDNESDAY, SEPTEMBER 4

**College of Pharmacy Practice**, Loughurst Hall Morpeth at 6.30pm. Meeting to discuss continuing professional development portfolio. Details from Joe Ashgar on 01670 514331 ext 2136

### ADVANCE INFORMATION

**Manchester LPC** invites all contractors and employee pharmacists to its AGM on **September 19** at Lancashire County Cricket Club, at 7.30pm

for 8.00pm. PSNC chairman Wally Dove is the guest speaker. **The Hospice Pharmacists Association Conference** will take place on **September 29** at the Grosvenor Hotel in Stratford-upon-Avon. Contact Mary Allen on 01442 252314. **The National Association of Health Authorities and Trusts (NAHAT)** and Blenheim Exhibitions are organising the Healthcare Expo 96 from **September 17-19**. The conference will take place at the NEC Birmingham. Contact NAHAT on 0121 471 4444. **The United Kingdom Psychiatric Pharmacy Group** is holding its annual conference

in Buckinghamshire from **October 4-6**. The group wishes to encourage membership from community pharmacists. Further details can be obtained from John Donoghue on 0151 334 4000/4266. **Sanofi Winthrop** is hosting a **Pharmaceutical Marketing Society** marketing module meeting on 'Portfolio engineering' on **September 5**. Contact the PM Society on 01403 264898. **The Bioinnovations '96 Conference** will take place at the Wembley Conference Centre from **September 24-26**. For more information telephone 01892 863986.



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\*Source Martin Hamblin  
Pharmacist readership survey

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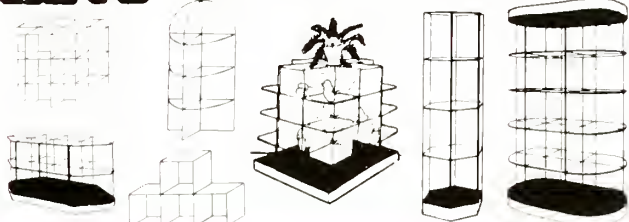
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# ABOUT people

## Advantage Everton

The ease with which Everton beat Newcastle United in the opening match of the football season, was, in part, due to pharmacy input.

Hartley Clumpus, a life-long Everton fan and pharmacist proprietor of the Harval Pharmacy in Kirkby, Liverpool, was the proud sponsor of the football used by Everton to win 2-0.

With the support of Vantage, Mr Clumpus sponsors one ball each season. This year, he was lucky enough to be offered the opening game, which saw recently-transferred \$15 million

striker Alan Shearer lose his first Premier League match for new club Newcastle.

Mr Clumpus' grandson presented the ball to the referee on the pitch before the game began. After the final whistle, it was returned to the family signed by the teams.

Mr Clumpus is such an avid fan that he flew back from last year's Vantage Convention in Nice to watch Everton play Manchester United in the FA Cup Final. That evening he returned to France in time for the Saturday night gala dinner.



## Pedal power for pilgrims

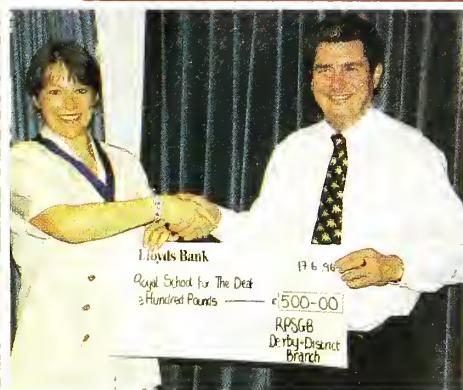
A brace of cycling pharmacists is well on the way to raising \$4,000 in sponsorship donations.

Following an article in *C&D* (July 6), several companies have come forward to sponsor Vijay Bhattia and Suresh Patel's ride through the Himalayas in October. The money raised will go towards the restoration of Vrindavan, a place of pilgrimage in India.

Pictured presenting cheques

for \$251 each to Mr Patel (centre) are, from the left: Rakesh Sirpal of Sirpal Chemist, Ash Sudera and Vijay Sudera of National Generics, and Kapil Rajja of Rajja Chemist. Not pictured is Sam Budheo of Pro-Pharm Consultants, who has also sponsored the ride.

Mr Patel and Mr Bhattia would like to thank all those who have contributed so far. Mr Patel can be contacted on 0121 449 1945.



**Derby pharmacists have raised £500 for the Royal School for the Deaf. The school was chosen by the Derby Branch of the RPSGB as its charity for 1995-96. The money will be spent on a mini-com system (which enables a deaf person to use the telephone), and renovating an outdoor adventure centre for children. Branch chairman Teresa Brearley presents a cheque to the School's director, Colin Ashmore**

## 'Lights, camera, action ...'

A pharmacist is set to find fame and fortune in the glamorous world of television.

Well, it is a possibility. Newly-qualified pharmacist Gill Laurijssen, of the AO Bond pharmacy in Somerton, Somerset, spent a lunch hour recently in front of the television cameras of HTV.

Her scene involved a young man rushing into a pharmacy and handing a prescription to the counter assistant. She in turn passed it to Ms Laurijssen who then had to appear to delay dispensing the prescription.

She is in the dark as to the significance of the scene. "The 'customer' could not wait. I had to employ delaying tactics." She adds, "I didn't like the inference about pharmacy service!"

The promotion from pre-reg to pharmacist to television actress comes within a span of three weeks, and is the latest move in Ms Laurijssen's career.

Events leading up to the performance began ten years ago when she started as a trainee dispenser at Andrew Bond's pharmacy. She was encouraged by attaining her National Pharmaceutical Association dispensing assistants certificate to go on to take her A levels. This led her to study pharmacy at Cardiff School of Pharmacy and she completed her pre-registration year at Bond's in July. A cameo television role must have been an unforeseen next step.

'The Levels' is a drama being filmed for showing by HTV before Christmas. The production is set in the Somerset Levels and is a story of first love and basket weaving, based on the novel of the same name by Peter Benson.

And as for the significance of the pharmacy scene? The young hero needs some analgesics quickly because ...



**Sales director Ian Gerrard**

**Ian Gerrard** has been appointed sales director of the UN Miller Freeman Pharmacy Group, which publishes *C&D* and its sister titles. Ian has experience across a broad range of magazines, including a previous spell as advertisement manager of *C&D*. **Marianne Mac Donald** has left *C&D* to become the new advertising services manager at the Proprietary Association of Great Britain.

**Jonathan Ody** has been made deputy managing director of

Scotia Pharmaceuticals.

**Rex Holder** of Windsor Healthcare has been promoted to the post of national account controller. He will continue to be responsible for the company's Irish operation.

**Paul Brown** is the new chairman of Unichem's North East regional committee. He takes over from **Ken Swanson**. Cantab Pharmaceuticals has appointed **Dr Paul Haycock** as vice chairman. He is succeeded by **Jurek Sikorski** as chief executive.



**Leaving: Marianne Mac Donald**



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